

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Billy Long for Congress																							
ADDRESS (number and street) 3246 E Ridgeview Street																							
CITY, STATE, and ZIP CODE Springfield MO 65804-4076																							
2. NAME OF CANDIDATE Mr. Billy Long		3. OFFICE SOUGHT (State and District)																					
4. FEC IDENTIFICATION NUMBER C00460063																							
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px; vertical-align: top;"> A. FULL NAME, MAILING ADDRESS AND ZIP CODE Michael Miller 190 Honeybelle Oval Orange Village OH 44022-1563 </td> <td style="width: 25%; padding: 5px; vertical-align: top;"> Name of Employer Chesterland Internal Medicine Transaction ID : 635AE9DEC721C4AA Occupation Physician </td> <td style="width: 15%; padding: 5px; vertical-align: top;"> Date (month, day, year) 10/27/2014 </td> <td style="width: 15%; padding: 5px; vertical-align: top;"> Amount 1500.00 </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> B. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> C. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> D. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> E. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px; vertical-align: top;"> Name of Employer Occupation </td> <td style="padding: 5px; vertical-align: top;"> Date (month, day, year) </td> <td style="padding: 5px; vertical-align: top;"> Amount </td> </tr> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE Michael Miller 190 Honeybelle Oval Orange Village OH 44022-1563	Name of Employer Chesterland Internal Medicine Transaction ID : 635AE9DEC721C4AA Occupation Physician	Date (month, day, year) 10/27/2014	Amount 1500.00	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Michael Miller 190 Honeybelle Oval Orange Village OH 44022-1563	Name of Employer Chesterland Internal Medicine Transaction ID : 635AE9DEC721C4AA Occupation Physician	Date (month, day, year) 10/27/2014	Amount 1500.00																				
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount																				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount																				
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount																				
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount																				
SIGNATURE (optional) Ronald Neville		DATE 10/27/2014																					
<i>[Electronically Filed]</i>		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																					

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)